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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/978,504
	Filing Date	Oct 16, 2001
	First Named Inventor	Mackay, Robln
	Art Unit	3625
	Examiner Name	Airapetian, Mila
Total Number of Pages in This Submission	Attorney Docket Number	500.0359 - 9419

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE Transmittal
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Priest & Goldstein, PLLC
Signature	<i>Peter H. Priest</i>
Printed name	Peter H. Priest
Date	February 26, 2008
Reg. No.	30210

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted 571-273-8300 to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	<i>Marianna Tortorelli</i>
Typed or printed name	Marianna Tortorelli
Date	February 26, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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500.0359
9419.00

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Mackay et al.
Serial No.: 09/978,504
Filed: October 16, 2001
For: ONLINE AUCTION SYSTEMS
Group: 3625
Examiner: Airapetian, Mila

Durham, North Carolina
February 26, 2008

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Amendment Transmittal

Sir:

1. Transmitted herewith is an Amendment for the above-identified application, responsive to an Office Action dated November 27, 2007.

FEE FOR CLAIMS AS AMENDED

2. ☒ No additional fee is required.
☐ The additional fee has been calculated as shown below:

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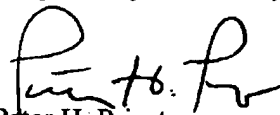
4/18

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate		Additional Fee
Total Claims	54	-	54	0	x \$50.00	=	0.00
Independent Claims	4	-	4	0	x \$200.00	=	0.00
Multiple Dependent Claims		-			x \$360.00	=	
TOTAL							\$ 0.00

3. ☐ Enclosed is our check for \$ _____ to cover the filing fee.
- ☐ Charge the fee of \$ _____ to Credit Card (see attached form).
- ☐ Charge the fee of \$ 120 for a 1 month extension of time to Credit Card (see attached form). This letter petitions for a 1 month extension of time to respond.
4. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, including any fee for extension of time or credit any overpayment to NCR Deposit Account No. 14-0225.

Respectfully submitted,



Peter H. Priest
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